2
-40
39
K23159

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31463

Registration District No. 281 Primary Registration District No. 5400 Registrar's No. 91

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town rural Washington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 52 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Douglas

(c) City or town rural 34
(If outside city or town limits, write "RURAL") 0

(d) Street No. 0
(If rural, give location) 0

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William Nicholas Gunnels

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Sarah Jane Gunnels

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Nov. (Month) 20 (Day) 1863 (Year)

8. AGE: Years 78 Months 8 Days 16 If less than one day hr. min.

9. Birthplace Macon County (City, town, or county) Mo. (State or foreign country)

10. Usual occupation farmer

11. Industry or business

FATHER
12. Name Henry Gunnels
13. Birthplace Overland (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Sarah Jane Gunnels
(b) Address Ava, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Aug 8 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Good Hope Cemetery

18. (a) Signature of funeral director Denzer Koller
(b) Address Ava, Mo.

19. (a) 9-20 41 (Date received local registrar) (b) Reba H. White (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6
year 1941 hour 5 minute 10 A M.

21. I hereby certify that I attended the deceased from July 6, 1941, to Aug 6, 1941; that I last saw h 6 alive on Aug 2, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis — Duration Dont know

Due to Arterio Sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) 21 b

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ~~[illegible]~~ (Specify type of place)

While at work? (e) Means of injury

23. Signature R M Norman (M. D.) 0
Address Ava Mo Date signed Sept 4/41

9 16 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6;
District File Number 1041-1534
Date Filed OCT 2 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Denver Roller

Licensed Embalmer No. 4006

P. O. Address Ava, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.